

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000004493 1. Entity Name DSS FRANCHISING CORP						FILED 07 APR 11 PM 4:17 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12572 CAPRI CIR N TREASURE ISLAND, FL 33706 US				Mailing Address 12572 CAPRI CIR N TREASURE ISLAND, FL 33706 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip		City & State Zip		4. FEI Number 03132007 Chg-P CR2E034 (12/08)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WADSWORTH, NADINE 12572 CAPRI CIR N TREASURE ISLAND, FL 33706			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADSWORTH, NADINE 12572 CAPRI CIR N TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/23/07--01005--004 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SPINNER, RICHARD 501 TREASURE ISLAND CAUSEWAY #101 TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAPALE, LOUIS 601 CHESHIRE CT ROCHESTER HILLS, MI 48307 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$74/12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WADSWORTH, NADINE 12572 CAPRI CIR N TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WADSWORTH, NADINE 12572 CAPRI CIR N TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Nadine Wadsworth</i> NADINE WADSWORTH 4/7/07 727-360-0912 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>							